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APPLICANTS
 Bobby Joseph, Mt. Prospect, IL;
 Sanil Kumar Puthiyandiyil, Schaumburg, IL;
 Satish Amara, Mt. Prospect, IL;
 Rajesh Ramankutty, Schaumburg, IL;
 Shaji Radhakrishnan, Mt. Prospect, IL;

**** CONTINUING DATA ******* None MHP

**** FOREIGN APPLICATIONS ******* None MHP

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance MHP				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS
020306

TITLE
System and method for network using redundancy scheme

FILING FEE RECEIVED 996	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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